

DEPARTMENT OF CORPORATIONS
CUSTOMER SATISFACTION SURVEY

"How Are We Doing?"

The staff at the Department of Corporations is committed on providing top-quality public service. Please give us the benefit of your experience by completing this survey.

Type of Contact: ☐ Personal ☐ Phone ☐ Letter ☐ Internet Date of Contact: _____

Office Contacted: ☐ Los Angeles ☐ Sacramento ☐ San Francisco ☐ San Diego

Division Contacted: ☐ Administration (☐ Front Counter ☐ Other _____) ☐ Enforcement
☐ Financial Services ☐ Health Plan ☐ Office of Policy ☐ Securities Regulation

Nature of Contact: ☐ General Information ☐ File Review ☐ Document Request ☐ Technical Assistance
☐ Problem Resolution ☐ Complaint Processing
☐ Permit/Licensing Assistance ☐ Regulatory Examination

ABOUT THE STAFF AND SERVICES PROVIDED	Please provide any specific comments regarding your ratings in the space below:
<p>Rating Scale: 4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable</p> <p>Staff answered my phone call/letter in a timely manner. 4 3 2 1 N/A</p> <p>Staff was professional and courteous. 4 3 2 1 N/A</p> <p>Staff was knowledgeable. 4 3 2 1 N/A</p> <p>Staff provided complete, accurate information. 4 3 2 1 N/A</p> <p>The documents requested was provided in a timely manner. 4 3 2 1 N/A</p> <p>The information I received was easy to understand. 4 3 2 1 N/A</p>	
<p style="text-align: center;">ABOUT THE LICENSING/PERMIT PROCESS</p> <p>Rating Scale: 4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable</p> <p>The Permit/License application was requested: <input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By letter <input type="checkbox"/> Through the Internet</p> <p>Permit/License Application and Instructions were easy to understand. 4 3 2 1 N/A</p> <p>Permit/License terms and conditions were easy to understand. 4 3 2 1 N/A</p> <p>The regulations were easy to understand. 4 3 2 1 N/A</p>	
<p style="text-align: center;">ABOUT THE COMPLAINT OR REQUEST FOR ASSISTANCE ("RFA") PROCESS</p> <p>Rating Scale: 4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable</p> <p>The Complaint/RFA form was requested: <input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By letter <input type="checkbox"/> Through the Internet</p> <p>The Complaint/RFA form was easy to obtain. 4 3 2 1 N/A</p> <p>The Complaint/RFA form was easy to understand. 4 3 2 1 N/A</p> <p>The Complaint/RFA form was easy to complete. 4 3 2 1 N/A</p> <p>The Complaint/RFA process was explained. 4 3 2 1 N/A</p> <p>My Complaint/RFA was resolved/handled in a timely manner. 4 3 2 1 N/A</p> <p>I understood the Department's resolution to my Complaint/RFA. 4 3 2 1 N/A</p> <p>Name of person/company for which the Complaint/RFA was requested: _____</p> <p>Suggestions to improve the Complaint/RFA process:</p>	

Please indicate any staff person you wish to commend: _____

What was it about the service this person(s) provided that pleased you?

If we fell short in meeting your service expectations, please describe the situation, including the name of the staff person involved and the date the incident occurred:

As a result of your experience, what service-related improvements can you recommend?

[Optional]

Your Name: _____

Your Title/Organization: _____

Address: _____

Telephone Number: _____

Thank you for taking the time to let us know your views on the way the Department serves the public. Your input will help us do a better job and be more responsive to the needs of the public in the future.

Please mail to:

Department of Corporations
Customer Survey Satisfaction Unit
980 - 9th Street, Suite 500
Sacramento, CA 95814-2725